Improving Community-Acquired Pneumonia (ICAP) Management: Value in Inpatient Pediatrics (VIP) Network Collaborative

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OBJECTIVES

- To develop evidence-based quality metrics for CAP management
- To improve care of CAP in a diverse sample of community hospitals through a national improvement collaborative

BACKGROUND

- Community-acquired pneumonia (CAP) is a leading cause of pediatric hospitalization
- Most CAP hospitalizations occur in community hospitals
- Adherence to evidence-based management remains low
- Absence of quality metrics disproportionately affects children hospitalized in smaller, community pediatric centers without resources to translate evidence-based practice

METHODS

- Program planning group (PPG) of 8 pediatric hospitalists convened by American Academy of Pediatrics (AAP) Quality Improvement Innovations Network and sponsored by AAP Friends of Children Fund
- PPG developed metrics through consensus development
- Site recruitment through the VIP Network with application requiring multidisciplinary quality improvement team
- Change package with quality improvement tools focusing on order sets, pathways, and antibiotic stewardship programs
- Designated coaches offer each site individualized guidance
- Continuous performance evaluation and comparison to aggregate performance via web-based quality improvement data aggregator (QIDA)

ICAP PROJECT UPDATE

53 Enrolled Sites

Consensus-Driven Metrics

- Use of Narrow-Spectrum Antibiotics
  • Goal: ≥ 80%
- Use of Macrolide Antibiotics
  • Goal: <5% for <5 years of age and <25% for >5 years of age
- Radiology: Use of >1 Chest Radiograph
  • Goal: 10%
- Use of >1 Complete Blood Count
  • Goal: 10%
- Rate of Concurrent Asthma Management in CAP
  • Goal <10%

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